

Michael R. Pence, Governor

Nicholas W. Rhoad Executive Director

Dental Instructor Renewal

Your Dental Instructor license in the state of Indiana expires on 3/1/2014. You may renew your license online at www.pla.in.gov. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$50 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 3/1/2014 you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Expiration Date 3/1/2014	Renewal Fee \$50.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS	
1. Has any healthcare license, (including DEA), certificate, registration, or permit you hold or have held been subject to investigation, charges pending or disciplinary sanctions?	YES NO
2. Has any license to practice dentistry in any state, (including Indiana), or country been denied, withdrawn, revoked, or suspended for disciplinary sanctions?	YES NO
3. Have you been censured, issued a letter of reprimand, received probationary status, had restrictions or limitations placed on your ability to perform certain acts within the practice of dentistry in any state (including Indiana) or country?	YES NO
4. Have you had a malpractice judgment against you or settled a malpractice action regarding your license to practice dentistry?	YES NO
5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state	YES NO

LICENSEE AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Indiana State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.	
Signature of Applicant	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including CE requirements and name change requests or email the Board at pla8@pla.in.gov.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, PLA Executive Director



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Renewal Fee	Receipt No.	Date